



**MISSISSIPPI**  
*Board of Pharmacy*

Mailing Address:  
6360 I-55 North  
Suite 400  
Jackson, MS 39211  
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**AMENDMENT TO PERMIT**

MISSISSIPPI PERMIT NUMBER: \_\_\_\_\_

NAME AS IT APPEARS ON PERMIT: \_\_\_\_\_

Type of Permit (and associated fees):

- ☐ Home Health (\$50.00) ☐ IEMK (\$100.00-Manual)(\$300.00-Automated)  
☐ Medical Equipment (\$150.00) ☐ Medical Gas (\$50.00)  
☐ Pharmacy Permit (\$300.00 + \$50.00 Controlled Substance (address or facility name change only)  
☐ Wholesaler (\$500.00 + \$50.00 Controlled Substance (address or facility name change only)

Please select type of change to be made:

- ☐ Physical Address Change ☐ Name Change ☐ Responsible Party Change (**NOT Pharmacist in Charge CHANGE**)

- ☐ **Physical Address Change (as it appears on permit)**

**Change FROM:**

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

**Change TO:**

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

- ☐ **Name Change**

**Change FROM:** \_\_\_\_\_

**Change TO:** \_\_\_\_\_

- ☐ **Responsible party CHANGE**

**Change FROM:** \_\_\_\_\_

**Change TO:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**OFFICE USE ONLY**

Permit Number: \_\_\_\_\_

File Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Receipt Number: \_\_\_\_\_